

# Welcome to Today's Web Meeting!

- Housekeeping reminders:
  - ▣ Please mute your computer or line when you are not speaking
  - ▣ We encourage you to turn on your video, especially during the discussions and when speaking
  - ▣ Feel free to use the chat feature to communicate with NQF staff and other attendees
  - ▣ You can also use the 'hand raised' feature to indicate that you would like to speak or have a question
    - » *To raise your hand, click on the "participants" icon on the bottom of your screen. At the bottom of the list of participants you will see a button that says, 'Raise Hand'*
  - ▣ We will do a Committee roll call once the meeting begins

If you are experiencing technical issues, please contact the NQF project team at [ruraltelehealth@qualityforum.org](mailto:ruraltelehealth@qualityforum.org)



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# Rural Telehealth and Healthcare System Readiness

*Web Meeting 3*

*February 22, 2021*

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# Introduction and Roll Call



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## Project Staff



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## Committee Co-Chairs



Marcia Ward, PhD  
Rural Telehealth Research Center,  
University of Iowa



William Melms, MD  
Marshfield Clinic Health System

## Committee Membership

*Committee Co-Chairs: Marcia Ward, PhD; William Melms, MD*

### Committee Members

- **Travis Austin, MA, MD, MPH**, Summit Healthcare Regional Medical Center
- **Susan Caponi, MBA, RN, BSN, CPHQ**, IPRO ESRD Programs
- **J. Thomas Cross, MD, MPH, FAAP, FACP**, Ochsner Foundation
- **Joy Doll, OTD, OTR/L, FNAP**, Nebraska Health Information Initiative, Creighton University
- **Shawn Griffin, MD**, Utilization Review Accreditation Commission (URAC)
- **Bruce Hanson**, Caregiver and Patient Advocate
- **Saira Haque, PhD, MHSA, FAMIA**, RTI International
- **Yael Harris, PhD**, American Institutes for Research
- **Judd Hollander, MD, FACEP**, Thomas Jefferson University Hospital
- **B. Tilman Jolly, MD**, Aveshka

## Committee Membership (cont.)

- **Matthew Knott, MS, EFO, CFO, CEMSO**, Rockford Fire Department
- **Mei Kwong, JD**, Center for Connected Health Policy
- **Bridget McCabe, MD, MPH, FAAP**, Teladoc
- **John McDougall, MD, MHS**, Northern Navajo Medical Center
- **Mark Miller, MS, NRP**, Brewster Ambulance
- **Jessica Nadler, PhD**, Deloitte Consulting
- **Eve-Lynn Nelson, PhD**, University of Kansas Medical Center
- **Steve North, MD, MPH**, Center for Rural Health Innovation
- **Kerry Palakanis, DNP, FNP-C**, Connect Care at Intermountain Healthcare
- **Megan Taylor, MSN, CRNA, APRN**, Providence Kodiak Island Medical Center
- **Michael Uohara, MD**, Microsoft
- **Demitria Urosevic, MPH**, Blue Cross Blue Shield Association
- **Emily Warr, MSN, RN**, Medical University of South Carolina Center for Telehealth



## Federal Liaisons

- **Girma Alemu, MD, MPH**, Health Resources and Services Administration
- **Zach Burningham, MPH, PhD**, Veterans Health Administration
- **Ariel DeVera**, Centers for Medicare & Medicaid Services
- **Constance Faniel, RN, MS**, Centers for Medicare & Medicaid Services
- **Bruce Finke, MD**, Indian Health Service
- **Stefanie Glenn, CRNP**, Centers for Medicare & Medicaid Services, United States Public Health Service
- **Donta Henson, MS**, Centers for Medicare & Medicaid Services
- **Kristin Martinsen, MPM**, Health Resources and Services Administration
- **Megan Meacham, MPH**, Health Resources and Services Administration
- **Colleen Morris, MS, RN**, Health Resources and Services Administration
- **Leila Samy, MPH**, Office of the National Coordinator for Health Information Technology
- **Patrick Sartini, MPH**, Centers for Medicare & Medicaid Services
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- **Timothy Watson**, Centers for Medicare & Medicaid Services
- **Daniel Yi**, Centers for Medicare & Medicaid Services
- **Emily Yoder, MA**, Centers for Medicare & Medicaid Services

# Meeting Objectives



## Meeting Objectives

- Gather Committee input on environmental scan
  - ▣ Definitions
  - ▣ Telehealth policies and practices
  - ▣ Literature scan identifying priority issues
  - ▣ Measure scan results

# Purpose of Project



## Project Purpose

*The purpose of this project is to create a **conceptual measurement framework** that guides quality and performance improvement for care delivered via telehealth in **rural areas** in response to disasters.*

*After completing our work, key stakeholders will be able to **identify** which measures are available for current use; **encourage** the development of new measures that address gaps; and **promote** the use of such measures to assess the impact of telehealth on healthcare system readiness and health outcomes in rural areas affected by disasters like pandemics, natural disasters, mass violence, and other public health events.*

# Results of Environmental Scan



## Introduction

- NQF performed environmental scan to identify background information, high-priority issues, and relevant measures that could inform development of the measurement framework
- Four major components:
  - ▣ Definitions
  - ▣ Summary of policies and practices
  - ▣ Literature review describing high-priority issues
  - ▣ Measure scan results



## Definitions: Telemedicine and Telehealth

- Telemedicine-the practice of medicine using technology to deliver care at a distance, i.e., a physician in one location uses a telecommunication infrastructure to deliver care to a patient at a distant site (American Academy of Family Physicians, 2020)
- Telehealth-the use of electronic information and telecommunication technologies to support long-distance clinical health care, patient and professional health-related education, public health, and health administration. Technologies used in telehealth include video conferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications (Health Resources & Services Administration, 2021; Network dictionary 2021)
- **Do you agree with these definitions of telemedicine and telehealth?**



## Definitions: Rural

- The U.S. federal government uses two major definitions of ‘rural’, from the U.S. Census Bureau and the Office of Management and Budget (OMB).
  - ▣ U.S. Census Bureau: All population, housing, and territory not included within an urban area, i.e., Urbanized Areas (UAs) of 50,000 or more people and Urban Clusters (UCs) of at least 2500 and less than 50,000.
  - ▣ OMB: All counties outside of a metropolitan statistical area (MSA) are considered rural.
  - ▣ Components of both definitions are used by the Health Resources and Services Administration (HRSA)’s Federal Office of Rural Health Policy’s (FORHP) when determining a classification for a geographic region. The FORHP definition is being reviewed; its updated definition will become operational in fiscal year 2022.

## Environmental Scan Results: Policies and Practices

- Provides overview of HHS waivers and flexibilities during COVID-19, including detail on related [Medicare 1135 waivers](#)
- Also includes additional detail on the following:
  - ▣ Flexibilities specific to rural health clinics and federally qualified health centers
  - ▣ Activities by Health Resources and Services Administration (HRSA), Indian Health Service (IHS), U.S. Department of Agriculture (USDA), Veterans Affairs (VA), and Office of National Coordinator for Health Information Technology (ONC) related to telehealth
  - ▣ Additional policies and practices identified by the Committee:
    - » Consolidated Appropriations Act (2021)
    - » Hospital credentialing systems
    - » Programs by private payers covering telehealth services
    - » Electronic prescriptions



## Environmental Scan Methods: Literature Review

- Conducted search of [PubMed](#) online database for literature published in English from Jan 2017 through Jan 2021
- Original search terms: (“telehealth” or “telemedicine” or “virtual healthcare” or “mobile health”) AND (“healthcare system readiness” or “preparedness” or “disaster” or “rural” or “access to care” or “stroke” or “acute myocardial infarction” or “sepsis” or “psychiatry” or “critical access hospitals” or “hospital closure” or “intensive care” or “substance use disorder” or “dermatology” or “primary care”)
- Results from original search too narrow, so broader search strategy adopted: “rural telehealth” or “rural preparedness”

## Environmental Scan Methods: Literature Review (cont.)

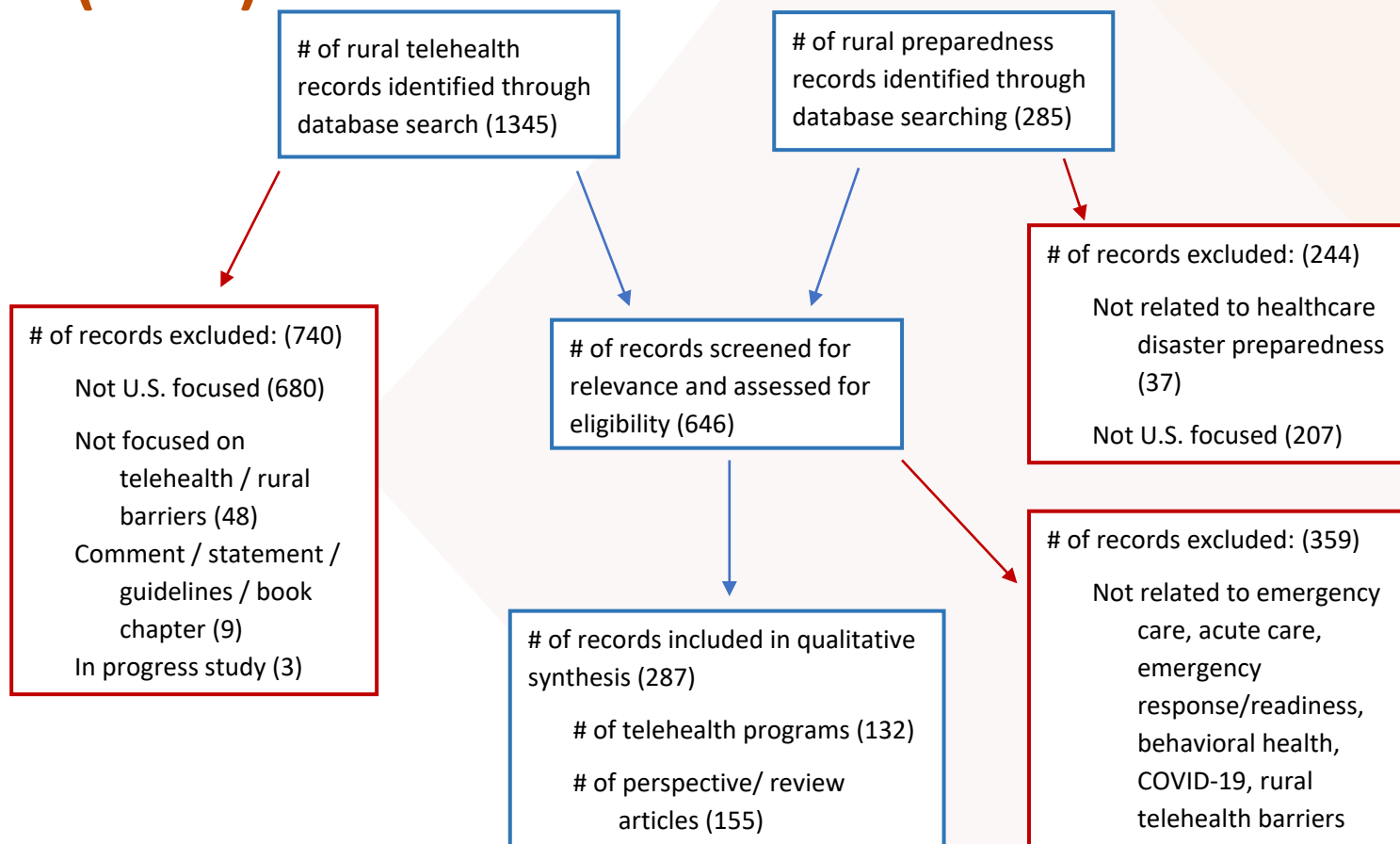
### Inclusion Criteria

- Literature focused on the U.S. healthcare system
- Literature focused on rural populations
- Literature in which telehealth is used to provide emergency, acute, or behavioral health care or in response to/during a public health emergency (including COVID-19)
- Literature focused on barriers to telehealth or healthcare system readiness

### Exclusion Criteria

- Literature published prior to 2017
- Literature not focusing on or not inclusive of U.S. healthcare system
- Literature focused on urban populations
- Literature focused on outpatient care or care for chronic diseases delivered via telehealth outside of a public health emergency or disaster
- Literature that are comments, statements, or guidelines
- Studies that are in progress

## Environmental Scan Methods: Literature Review (cont.)



## Environmental Scan Methods: Literature Review (cont.)

Title	Publication Year	Journal	Link/Citation	Telehealth Program (Y/N)	Level of Care (Inpatient, Outpatient, Emergency)	Condition/Topic
A Comparison of Collaborative Care Outcomes in Two Health Care Systems: VA Clinics and Federally Qualified Health Centers	2018	Psychiatr Serv	Psychiatr Serv. 2018 Apr	Y	Outpatient	Mental Health
A retrospective analysis of a pediatric tele-echocardiography service to treat, triage, and reduce trans-Pacific transport	2018	J Telemed Te	J Telemed Telecare. 201	Y	Emergency	Emergency Care
Case Studies Demonstrating Stroke Telemedicine in the Rural Emergency Department	2017	J Emerg Nurs	J Emerg Nurs. 2017 Jan;	Y	Emergency	Stroke
Determinants of Evidence-based Practice Uptake in Rural Intensive Care Units A Mixed Methods Study	2020	Ann Am Thor	<a href="https://pubmed.ncbi.nlm.nih.gov/34111111/">https://pubmed.ncbi.nlm.nih.gov/34111111/</a>	Y	Inpatient	ICU
National Study of Telepsychiatry Use in US Emergency Departments	2020	Psychiatr Serv	<a href="https://pubmed.ncbi.nlm.nih.gov/34111111/">https://pubmed.ncbi.nlm.nih.gov/34111111/</a>	N	Emergency	Emergency Care
Rural Telehealth Use during the COVID-19 Pandemic: How Long-term Infrastructure Commitment May Support Rural Health Care Systems Resilience	2020	J Agromedici	<a href="https://pubmed.ncbi.nlm.nih.gov/34111111/">https://pubmed.ncbi.nlm.nih.gov/34111111/</a>	N	General	COVID-19
The Virtual Hospitalist: A Single-Site Implementation Bringing Hospitalist Coverage to Critical Access Hospitals	2018	J Hosp Med	J Hosp Med. 2018 Nov 1	Y	Inpatient	Generic Health Relev
Using Telemedicine to Treat Opioid Use Disorder in Rural Areas	2019	JAMA	JAMA. 2019 Aug 28. doi	N	Outpatient	Mental Health

## Environmental Scan Results: Literature Review

- After screening for relevance and eligibility, 287 articles included in qualitative synthesis
  - ▣ Most common topics: mental health, emergency care, COVID-19
  - ▣ Nearly half described specific telehealth programs/interventions, most commonly in the emergency and outpatient settings and dealing with mental health, emergency care, or stroke
- Three major themes emerged:
  - 1) The distinctive health risks and challenges of rural residents
  - 2) The broad variety of rural telehealth use cases that were deployed pre-pandemic, and the post-pandemic expansion in use cases that were facilitated by reimbursement and other policies
  - 3) The technical challenges unique to rural areas, including issues with broadband access, technology availability, and the resources required of rural hospitals to implement telehealth solutions.

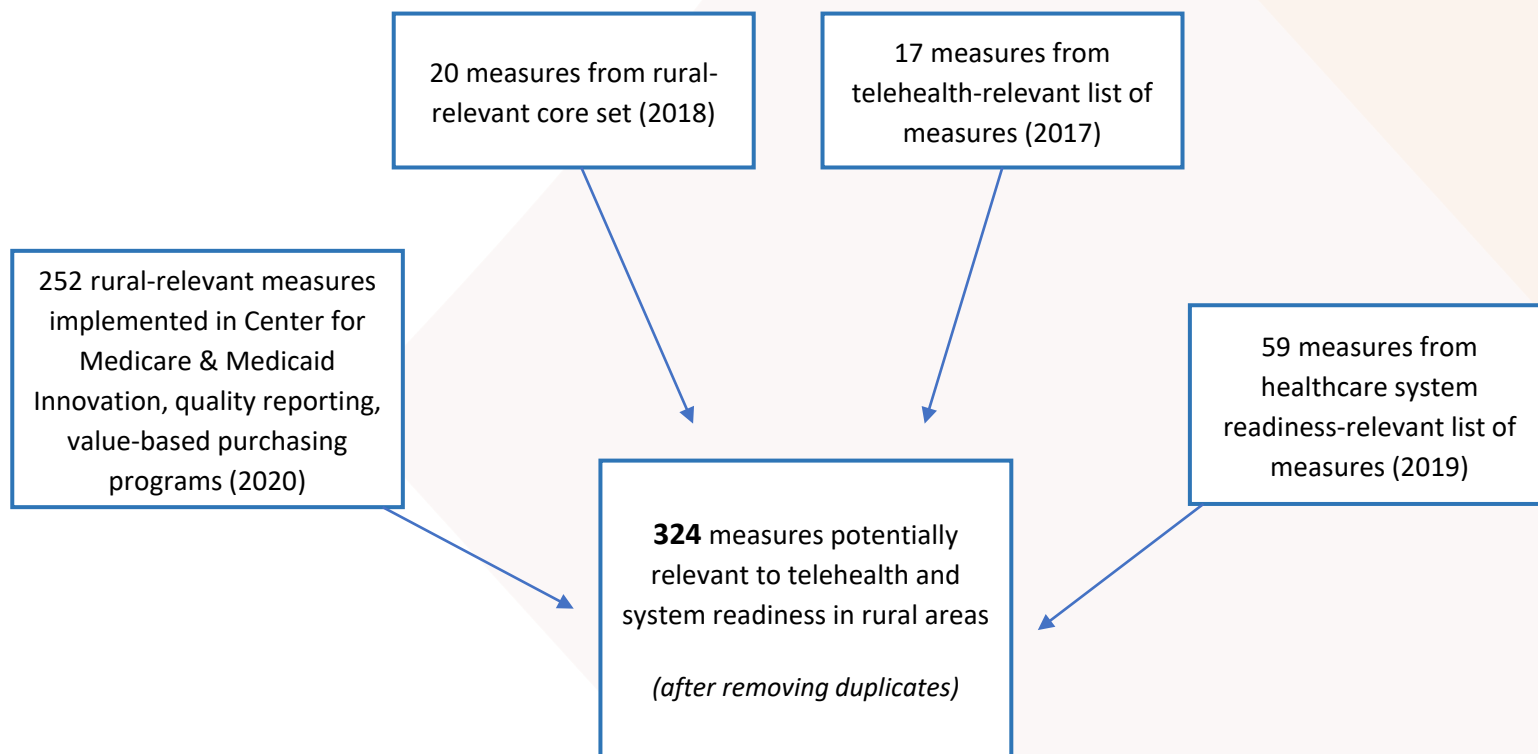


## Discussion Questions

- The literature review identified the following topics as particularly telehealth-relevant. Should these topics be prioritized in the measurement framework?
  - ▣ Mental Health
  - ▣ Emergency Care
  - ▣ Stroke
  - ▣ Intensive Care Unit (ICU)
  - ▣ Reproductive Health and Childbirth
- Are there additional topics that should be considered in the framework?
- What are some possible solutions to the challenges identified in rural areas during emergencies (e.g., access to Internet, patients and providers' acceptance of telehealth)?



## Environmental Scan Methods: Measure Scan



## Environmental Scan Methods: Measure Scan (cont.)

Basic Measure Identification and NQF Endorsement Information				Rural Relevance	Telehealth Relevance						System Readiness Relevance							
				Addresses at least one rural-relevant priority topic?	Addresses at least one telehealth-appropriate condition?	Which (if any) domains of telehealth framework could this address?				Addresses at least one telehealth-related domain?	Which (if any) domains of system readiness does this address?				Which phase of system readiness does this address?			
CMIT Reference Number	Measure Title	NQF Endorsement Status	NQF ID			Access	Cost	Experience	Effective-ness		Staff	Stuff	Structure	System	Mitigation	Prepared-ness	Response	Recovery
113	HCAHPS [Note: includes 11 performance measures under this NQF number]	Endorsed	0166	1	0	1	0	1	0	1	0	0	0	0	0	0	0	0
0641	Functional Outcome Assessment	Endorsed	2624	1	1	1	0	0	1	1	0	0	0	0	0	0	0	0
2046	HIV Medical Visit Frequency	Endorsed	2079	1	0	1	0	0	0	1	0	0	0	0	0	0	0	0
2427	Coronary Artery Bypass Graft (CABG): Stroke	Endorsed	0131	1	0	0	0	0	1	1	0	0	0	0	0	0	0	0
2859	PQI 08: Heart Failure Admission Rate (PQI08-AD)	Endorsed	0277	1	1	1	0	0	0	1	0	0	0	0	0	0	0	0
461	Diabetes: Eye Exam	Endorsed	0055	1	1	1	0	0	0	1	0	0	0	0	0	0	0	0
745	Follow-Up After Hospitalization for Mental Illness	Endorsed	0576	1	1	1	0	0	0	1	0	0	0	0	0	0	0	0
N/A	Emergency Public Information and Warning (EPIW) - Public Message Dissemination (Centers for Disease Control and Prevention)	Not Endorsed	9999	1	0	1	0	0	1	1	0	0	0	1	0	0	1	0

## Environmental Scan Results: Measure Scan

- Of 26 rural-relevant conditions included in the scan, these conditions were most frequently addressed:
  - ▣ Cross-cutting (not condition specific): 166 measures (51%)
  - ▣ Patient experiences of care: 43 measures (13%)
  - ▣ Patient hand-offs/transitions: 32 measures (10%)
  - ▣ Readmissions, surgical care: 31 measures each (10%)
- Nearly 40% of measures addressed at least one of the “telehealth appropriate conditions” identified in 2017
  - ▣ Most frequently addressed conditions: care coordination, chronic diseases
- Almost all measures were relevant to at least one telehealth framework domain, most frequently effectiveness or access to care
- However, many system readiness relevant measures originated from the 2019 system readiness measure scan

## Environmental Scan Results: Measure Scan (cont.)

CMIT ID	NQF ID	NQF Endorsement Status	Measure Title
254/5796	0089/0089e	Endorsed	Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care
311	0097	Endorsed	Medication Reconciliation Post-Discharge
522	0650	Endorsement Removed	Melanoma: Continuity of Care - Recall System
928	0489	Endorsement Removed	The Ability for Providers with HIT to Receive Laboratory Data Electronically Directly into their Qualified/Certified EHR System as Discrete Searchable Data (OP12)
977	9999	Not Endorsed	Physician Notification Guidelines Established
984	9999	Not Endorsed	Diabetic Foot Care and Patient Education in Plan of Care
1147	9999	Not Endorsed	Referral for Otologic Evaluation for Patients with Acute or Chronic Dizziness
1800	0338	Endorsement Removed	Home Management Plan of Care Document Given to Patient/Caregiver (Chart-abstracted)
2527	9999	Not Endorsed	Closing the Referral Loop: Receipt of Specialist Report
2561	9999	Not Endorsed	Post-Anesthetic Transfer of Care: Use of Checklist or Protocol for Direct Transfer of Care from Procedure Room to Intensive Care Unit (ICU)
2700	0491	Endorsement Removed	Tracking Clinical Results between Visits (OP17)
2830	0006 (similar)	Not Endorsed	Care Coordination
3501	9999	Not Endorsed	Transfer of Health Information to the Patient Post-Acute Care (PAC)
3503	9999	Not Endorsed	Transfer of Health Information to the Patient Post-Acute Care
5292	0295	Endorsement Removed	Physician Information
5295	0292	Endorsement Removed	Vital Signs
5650	9999	Not Endorsed	Transfer of Health Information to the Provider Post-Acute Care (PAC)
5762	9999	Not Endorsed	Home Management Plan of Care (HMPC) Document Given to Patient/Caregiver (eCQM)
5772	9999	Not Endorsed	Stroke Education (eCQM)
5826	9999	Not Endorsed	Closing the Referral Loop: Receipt of Specialist Report (eCQM)
6088	9999	Not Endorsed	Transfer of Health Information to Provider Post-Acute Care
N/A	0291	Endorsement Removed	Emergency Department Transfer Communication Measure (EDTC)

## Discussion Questions

- Is a two-pronged approach of considering condition-specific measures and healthcare system readiness measures appropriate? Is there an alternative scan approach that would be preferred?
- Are the rural-relevant conditions and telehealth-appropriate conditions identified in prior work still relevant?
- Which system readiness measures are most important to include in the framework?
- What are the criteria that the Committee would want to prioritize for measures used with the framework (e.g., NQF endorsement, outcome vs. process, data source)?

# Public Comment

# Next Steps



## Next Steps

- NQF staff will continue incorporating feedback from today's discussion to update the environmental scan and will follow up with Committee via email for additional input
- Draft environmental scan posted for public commenting (April-May)
- NQF will use the environmental scan along with Committee feedback to iterate on the framework domains and organization
- Next web meeting 4 is on **June 8, 2021 from 3:00 pm – 5:00 pm ET**
  - ▣ Review public comment feedback on environmental scan, and
  - ▣ Share updated measurement framework





## Contact Information

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  - <http://www.qualityforum.org/ProjectDescription.aspx?projectID=93747>

# THANK YOU.

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